

0 ELECTION CYCLE

Delbert Hosemann  
SECRETARY OF STATE

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election



Name of Committee Committee to Re-Elect Jess Dickinson  
to the MS Supreme Court  
 Address P.O. Box 3779, Gulfport, MS 39505  
 Telephone 228-861-2554 Fax \_\_\_\_\_  
 Treasurer Christy Pickering, CPA Email \_\_\_\_\_

☐ Check here if above is different from previous report

## TYPE OF REPORT

May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory  
 June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
 July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
 October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
☒ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
 November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
 January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory  
 Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$	\$ -0-	\$ 5,100.00
Total amount of disbursements \$	83.27 +\$	\$ 83.27	\$ 2,012.95
Total amount of cash on hand		\$ 3,027.05	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Christy Pickering, CPA  
Signature of Director or Treasurer

10/26/10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee Committee to Re-Elect Jess Dickinson to the MS Supreme Court  
 Reporting period October 1, 2010 through October 23, 2010

# ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Hancock Bank</u>	<u>10/8/10</u>	\$ <u>11.56</u>
Mailing Address <u>P.O. Box 4019</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>Service Charges</u>	Aggregate Year-to-date	\$ <u>218.02</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Cellular South</u>	<u>10/19/10</u>	\$ <u>71.71</u>
Mailing Address <u>P.O. Box 519</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Meadeville MS 39653</u>	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional) <u>Cell phone</u>	Aggregate Year-to-date	\$ <u>523.17</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>  /  /  </u>	\$
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>  /  /  </u>	\$
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>  /  /  </u>	\$
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>  /  /  </u>	\$
Mailing Address	<u>  /  /  </u>	\$
City, State, Zip Code	<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$